PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

		— 11010	iia, ivi	1 33020-23	01					
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						•	Second to County to State S	_	ntendent
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORT	ATION	:
This clair	n is for the	period beginning		month	day,	20 and	ending	nonth		20 ay
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	:					District Le	evel:
34 Park			0612 Livingston Elem				Elementary			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		iys rated	Bus Driver's Social Security #
49	4	#1		80	1.57	78	01/27/05			
49	4	#2		61	1.57	78	01/27/05			
49	4	#3		122	1.57	78	01/27/05			
49	4	#4		62	1.57	78	01/27/05			
49	4	#5		95	1.57	72	01/27/05			
49	4	#6		60	1.15	54	01/27/05			
49	4	#6A		60	0.95	29	01/29/05			
49	4	#7		18	0.00	84	01/27/05			

PI	

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 34 Park 0613 Park H S **High School** District Route Miles Rate Days **Bus Driver's** Capacity Operated Social Security # Percentage # Per Day Per Mile Inspection 51 1 #1 80 1.57 78 01/27/05 51 1 #2 61 1.57 78 01/27/05 51 122 78 01/27/05 1 #3 1.57 51 #4 62 1.57 78 1 01/27/05 95 51 #5 1.57 72 01/27/05 51 1 #6 60 1.15 54 01/27/05 51 0.95 29 1 #6A 60 01/29/05 51 #7 18 0.00 84 01/27/05 1

PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

			iia, wii 590		•				
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						May 24 t	Second Semester o County Superin o State Superinter	tendent ndent
COMPLE	ETE THIS	CLAIM FO	R STATE I	REIMB	URSEMEN	T FOR SCH	HOOL BUS TRA	NSPORTATION:	
This claim	ı is for the pe	riod beginning	l		,	20 and en	nding	,	20
			month		day		n	onth da	y
CERTIFI	CATION:								
The inform	mation on thi	s form is comp	lete and accur	ate to the	best of my kno	owledge.			
Date			Signature, Cha	air, Board	of Trustees				
County:			District:					District Lev	vel:
34 Park			0614 Gardiner Elem					Elemen	ıtary
Percentage	District #	Route #		liles · Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	7	49-1-7	2	4.8	0.95	28	None		
50	7	49-2-7	l 8	0.8	1.80	84	None		

PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for

State	
District	
County	

		Hele	na, M	T 59620-25	01		School Bus Transportation				
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORT	ATION:		
This clain	n is for the	period beginning	S		,	20 and e	nding		, 20		
	month day						n	onth	day		
CERTIFICATION:											
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County: District:									District Level:		
34 Park									High School	l	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Da Oper	•	Bus Driver's Social Security #	
50	4	49-2-7		80.8	1.80	84	None				

PI

School District Claim for State Reimbursement for School Bus Transportation

DUE
DATES

			•							
DUE DATES:		February 1 February 15	to Cou 5 to Sta	te Superint	endent		Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE THI	S CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR S	CHOOL	BUS TRA	NSPORTATION:	:
This clair	n is for the	period beginning	g		,	20 and	d ending _		,	20
			1	nonth	day			n	onth da	ay
CERTIF	ICATION	V:								
The infor	mation on t	this form is comp	lete and	accurate to the	e best of my kno	owledge.				
Date Signature, Chair, Board of Trustees										
County:			District:						District Le	evel:
34 Park	4 Park 1215 Arrowhead Elem								Elemei	ntary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	y II	nspection	Days Operated	Bus Driver's Social Security #
100	75	a		66	1.57	72	1	2/30/04		
100	75	a1		60	1.57	72	1	2/30/04		
100	75	b		90	1.57	72	1	2/30/04		
	-		-				-			

PI	

8.5

1.57

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

100

J12

8a

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 34 Park 1227 Shields Valley Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Dav Per Mile Operated Social Security # Percentage # Capacity Inspection 70 J12 1 73.6 1.15 59 01/27/05 2 70 J12 81.8 1.36 66 01/27/05 70 3 83.4 70 01/27/05 J12 1.57 4 70 J12 54.4 1.57 72 01/27/05 70 5 J12 70.2 1.36 64 01/27/05 70 J12 6 72.8 1.36 66 01/27/05 J12 100 6a 8.5 1.57 72 01/27/05 100 J12 8.5 1.57 72 01/27/05 6b 70 7 72 J12 58.6 1.57 01/27/05 70 72 J12 7a 17 1.57 01/27/05 100 J12 7b 17 1.36 66 01/27/05

72

01/27/05

PI	

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 34 Park 1228 Shields Valley H S **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 30 5 1 73.6 1.15 59 01/27/05 5 2 30 81.8 1.36 66 01/27/05 5 3 83.4 70 01/27/05 30 1.57 5 4 54.4 1.57 72 30 01/27/05 5 5 30 70.2 1.36 64 01/27/05 30 5 6 72.8 1.36 66 01/27/05 5 7 30 58.6 1.57 72 01/27/05 30 5 1.57 72 01/27/05 7a 17 5 100 8.5 72 01/27/05 8b 1.57